



# Boston Environmental & Contracting, Inc.

May 8, 2018

U.S. Environmental Protection Agency  
Pesticides/Asbestos Enforcement Programs  
1650 Arch Street, Mil Code 3AP12  
3AM22, Air Management Division  
Philadelphia, PA 19103-2029  
**Attn: Asbestos Coordinator**

RE: GSA, Weaver Building (DC0092ZZ)  
HUD HVAC Elevator Machine Room  
451 7<sup>th</sup> Street SW, Washington, DC 20410

**RECEIVED**  
MAY 15 2018  
Pesticides & Asbestos Programs  
and Enforcement Branch (3LC62)  
EPA Region III

## NOTIFICATION REQUEST

Dear Sir/Madam:

Boston Environmental and Contracting, Inc. is submitting this letter and enclosed notification form as a request to perform asbestos abatement at the above referenced project.

An asbestos permit notification has also been submitted to the District of Columbia Department of Energy & Environment (DOEE) Air Quality Division.

Should you need additional information, please contact me at 301.300.6965.

Kind regards,

Henry J. Cooper  
Operations Manager

Enclosure: EPA Notification of Demolition and Renovation Form

**RECEIVED**

MAY 14 2018

Air Protection Division

# NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #																																
Type of Notification (O=Original R=Revised C=Canceled) <b>O</b>																																			
FACILITY INFORMATION (Identify owner, removal contractor, and other operator)																																			
OWNER NAME: United States Of America																																			
Address: 451 7th St SW																																			
City: Washington	State: DC	Zip: 20410																																	
Contact: Michael Burraty	Tel: 202-412-4162																																		
REMOVAL CONTRACTOR: Boston Environmental and Contracting, Inc.																																			
Address: 1818 New York Ave NE, Suite 202																																			
City: Washington	State: DC	Zip: 20002																																	
Contact: Henry J. Cooper	Tel: 301-300-6965																																		
OTHER OPERATOR:																																			
Address:																																			
City:	State:	Zip:																																	
Contact:	Tel:																																		
TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>																																			
IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>																																			
FACILITY DESCRIPTION (Include building name, number and floor or room number)																																			
Bldg. Name: Weaver Building																																			
Address: 451 7th St SW																																			
City: Washington	State: DC	County: UNITED STATES OF AMERICA																																	
Room Location: Room 451																																			
Building Size:	# of Floors:	Age in Years:																																	
Present Use: Office Building	Prior Use: Office Building																																		
PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</th> <th rowspan="2">RACM To Be Removed</th> <th colspan="2">Nonfriable Asbestos Material Not To Be Removed</th> <th colspan="2">Indicate Unit of Measurement Below</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th colspan="2">UNIT</th> </tr> </thead> <tbody> <tr> <td>1. Regulated ACM to be Removed</td> <td rowspan="3">HVAC Hydronic Piping</td> <td></td> <td></td> <td>LnFt: 500</td> <td>Ln M:</td> </tr> <tr> <td>2. Category I ACM Not Removed</td> <td></td> <td></td> <td>SqFt:</td> <td>Sq M:</td> </tr> <tr> <td>3. Category II ACM Not Removed</td> <td></td> <td></td> <td>CuFt:</td> <td>Cu M:</td> </tr> <tr> <td>RACM Off Facility Component</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		Category I	Category II	UNIT		1. Regulated ACM to be Removed	HVAC Hydronic Piping			LnFt: 500	Ln M:	2. Category I ACM Not Removed			SqFt:	Sq M:	3. Category II ACM Not Removed			CuFt:	Cu M:	RACM Off Facility Component					
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DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
construction of decon chambers and using glove bag methods of removal.

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE  
DEMOLITION OR RENOVATION SITE:

WASTE TRANSPORTER #1

Company: EWSI

Address: 4451 Brookland Corporate Dr. Suite 206

City: Chantilly State: VA Zip: 20151

Contact Person: Dawn Walker Tel: 703-502-0100

WASTE TRANSPORTER #2

Company:

State: Zip:

Contact Person: Tel:

WASTE DISPOSAL SITE

Amelia Landfill

Address: 20221 Maplewood Rd.

City: Petersburg State: VA Zip: 23083

Phone: 704-561-5787

DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Title:

Agency:

Effective Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

FOR EMERGENCY RENOVATIONS:

End Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Description of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY  
IDENTIFIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-  
SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS  
PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(Signature of Owner/Operator)

5/9/2018

(Date)

CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

(Signature of Owner/Operator)

5/9/2018

(Date)

VO ENVELOPE

RECEIVED FROM

ANOTHER DEPARTMENT

